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This thesis is an exploration of my ideas concerning the physical deformities of my body. It contains my thoughts about how disfigured people are perceived through the lens created by our society.

REALITIES OF PERCEPTION

by

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Approved by

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Committee Chair

APPROVAL PAGE

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Date of Acceptance

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## REALITIES OF PERCEPTION

As a maker my goal is to convey the physiological and psychological aspects of my existence that are manifested from my personal experience of living with congenital malformations. Life for me has been strongly influenced by the presence of these deformities. These physical anomalies are highly suspected as having resulted from pharmaceuticals that were ingested by my mother during her pregnancy. The drug of suspect was prescribed to combat morning sickness in pregnant women. This personal experience has motivated me to create the body of work presented for my thesis. In this thesis I have grappled with the ideas of self- perception and society's views surrounding the human body.

When reflecting on my short career as an artist, I now realize that the conceptual basis for my current work began during my undergraduate education. As a young artist and student, I quickly developed a high level of interest in life drawing and painting. While exploring the human form through drawing and painting, I promptly concluded that the human form was the most complex form of any I had ever encountered. With my acquisition of knowledge of Greek proportion, the complexities of the body now stretched beyond the purely visual into the intellectual. I began to engage the human form through a series of self-portraits made from observation. Soon after, a struggle began between my intellectual knowledge of idealistic proportion and the realization that these rules did not apply to my own body. As a result of the

emphasis that was placed on using these rules to describe the body, I forcefully applied them in the images that were meant to portray myself. Due to the fact that I forced idealistic proportions into these self portraits, they did not capture the true essence of my body. As a result, I gained no visual satisfaction from them. I began to focus on my bust and head because this was an area of my body to which I could apply my intellect without struggling to find forms that I had no intellectual knowledge of. It was at this point that the social discrimination that I had experienced throughout my life and my artistic pursuits met. Suddenly for me, art was about life.

For my next series of drawings, I used medical texts as source material. My decision to use imagery from these books was a result of a personal experience when, as a child, I was photographed by medical doctors to be published in books of this type. The memory of this experience conjures a feeling of physical inadequacy. The children in these textbooks are not presented as human beings, but as specimens of freakish abnormalities. It became my goal as an artist to transform these images from their grotesque appearance to being mysteriously beautiful. In these drawings I began to think about perception and how to transcend preconceptions of beauty that are created by our society's pursuit of physical ideals. This predetermined objective forced me to think about my materials and how they could be used to develop the imagery that I intended to create. Because of its soft and mysterious characteristics, charcoal was the material that I felt to be most supportive of my intent. My interaction with medical imagery evoked a personal desire to go beyond the surface of the subject and begin to think about the psychological condition of these children. Due to my personal

experience of living with these same physical anomalies, I felt that I could confidently assert my assumptions concerning their psyche. The resulting drawings were large in scale. Scale came to play an important role in the success of the drawings. In making these images larger than life-size, they became impossible to avoid. Simultaneously, I was also permitting anyone to look. During the process of making these drawings, the sculptor Marc Quinn was brought to my attention. Quinn came up with a concept for a series of sculptures of disfigured people. His subjects were victims of the thalidomide tragedy that swept Europe in the 1950's. Thalidomide was a drug similar to the one my mother took. It was a prescription drug marketed to pregnant women to relieve nausea. Hundreds of thousands of children across Europe were affected by thalidomide, being born with severe limb deformities. This is noted as one of the great chemical tragedies in history.

Quinn's sculptures range in scale from life size to monumental. His reasoning behind this body of work was to take a subject that no one wanted to talk about much less look and place them in venues where they couldn't be avoided. The most well known of these pieces was *Allison Lapper Pregnant*, 2005, which was installed on the forth plinth in London's Trafalgar Square and remained there for two years. These sculptures were carved in the finest of marble in a way that resembled classical Greek sculpture. Though I haven't seen any of these Sculptures in person, in pictures they seem to resemble mannequins. When I viewed photographs of his work, I became somewhat offended. Quinn's motivation for this body of work was surely well intended, but the true integrity of his models was compromised by his choice of

materials and the way that they were carved. The sculptures are idealized portrayals of disfigured people. Why should he have to idealize them in order to change society's perception? That doesn't really change how the real people are perceived. Isn't he participating in the same discrimination that he is supposedly challenging?

The idea of giving people permission to look at these subjects led me to explore the deformities of my own body in large-scale drawings. My deformities are concentrated in my hands and fingers. During interactions with strangers I have noticed their gradual discovery of my physical differences. Because my deformities are of my hands, they are not noticed at the initial moment of encounter. When we, as humans, are confronted by another, we seem to first acquire a general notion of their physical presence. The general characteristics that we first perceive are physical traits such as gender, size, and skin tone. Aside from my hands, I appear normal in stature. When people become aware of my deformities, a reaction follows. Usually this reaction is one of discomfort. They want to stare and ask questions concerning the cause or not look at all. In the large-scale drawings I made of my hands, I am allowing anyone who encounters these images to look and question the forms. I remained true to the forms by attempting to capture the surface texture of scars, flesh, and irregular fingernails. During the process of making these drawings, I felt that my technical ability to describe form reached a new height. It gradually came to my awareness that in making these drawings of my hands with my hands, I was beginning to challenge assumptions concerning the abilities of people with physical differences.



Because I had always considered myself to be a painter, my investigation of these ideas had been limited to drawings on paper. The drawings of my hands were referred to many times as being sculptural. I sought to bring more of a physical presence to my drawings. In a quest to push this physical quality of form to a higher level in my drawings, I began to make clay models intending to make drawings from them. In doing this I quickly became aware that the physical presence I was searching for was one that could only happen in a three dimensional object. Therefore the forms that I was intending to make drawings from became the vehicle through which I began to explore my ideas. These clay pieces had more psychological presence as well. These invented forms resembled infants with twisted, fused, mangled limbs that were exaggerated to reflect the psychological constraints manifested by people's real life reactions to people with deformities. Though these forms were invented, they were done so taking in account my knowledge of human anatomy. The intent of working this way was to create an object that crosses back and forth between the real and imagined. This instability could serve as a metaphor to my personal struggle to differentiate between my own self perception and other people's perception of me. The real is what people see and the imagined is how I feel they perceive what they see.

The investigation of my ideas and thoughts through sculpture, led me to further explore materials. I began to explore my ideas through wax, stone and synthetic materials. My current work attempts to embody the multitude of ideas concerning body image and deformities that I have explored throughout the pursuit of my graduate degree, while displaying my interests in different sculptural materials. My concepts and

ideas concerning my body have influenced my use of materials. This thesis work investigates the interior of my body versus the exterior. When thinking of the interior, I conclude that the substance of what all human beings are made of is the same. We also share common thoughts and feelings. Thoughts and feelings are manifested on the interior as a result of our response to the exterior world and how we are perceived visually. Through my choice and use of materials, I have attempted to create a façade that seems impenetrable, but upon close investigation one will find an avenue to get beyond the surface. The work may be perceived as inaccessible, but I say that the work contains a common human experience that must be sought in order to be obtained.

## CATALOGUE

Di Sarno, Anthony. Untitled. Mixed Media. 2009

Di Sarno, Anthony. Untitled. Mixed media on marble base. 2009

Di Sarno, Anthony. Untitled. Wax and plaster on steel. 2009

Di Sarno, Anthony. Untitled. Wax on steel base. 2009

Di Sarno, Anthony. Untitled. Mixed media. 2009